

<b>TRANSMITTAL FORM</b>		Application Number	09/972,010
<i>(To be used for all correspondence after initial filing)</i>		Filing Date	October 5, 2001
		Inventor	M.D. BALDWIN et al.
		Group Art Unit	2145
		Examiner Name	Azizul Q. Choudhury
		Attorney Docket Number	SJO920010093US1

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawings: <u>  </u> Replacement Sheets	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322)
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Preliminary <input type="checkbox"/> Supplemental <input type="checkbox"/> After Final <input type="checkbox"/> Rule 312	<input type="checkbox"/> Petition for Corrected Notice of Recordation <input type="checkbox"/> Petition for Corrected Filing Receipt <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Statement Under 37 CFR 3.73(b)	<input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pre-Appeal Brief Request for Review <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Letter/ Status Request <input type="checkbox"/> Issue Fee Transmittal Form <input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Request for Duplicate/ Replacement Copy <input type="checkbox"/> Response to Notice of Non-Compliant Amendment
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement: <u>  </u> references <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Comments on Statements of Reasons for Allowance	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name:	David W. Victor, Registration No. 39,867
Signature:	/David Victor/
Date:	February 12, 2007
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Dr., Suite 210 Beverly Hills, CA 90212 310-556-7983	The Commissioner is hereby authorized to charge to Deposit Account No. 09-0466 any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees or any other deficiency, and credit any overpayment to this deposit account.

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on the date indicated below.		
Typed or Printed Name:	David W. Victor	Customer No. <b>46917</b>
Signature:	/David Victor/	
Date:	February 12, 2007	